Prostate Advanced Case #3 Answer Sheet

FIELD#	FIELD NAME	CODE AND RATIO	ONALE/DOCUMENTATION
PATIENT	IDENTIFICATION		
1	Medical Record #	888807	From record
2	Accession #	2007xxxxx	
3	Sequence #	00	No history other malignancies
4	Patient Name	Bigelow, Joe	From record
5	Race 1	01	White per op report
6	Spanish Origin	0	No mention of Hispanic origin
7	Sex	1	Male
CANCER	RIDENTIFICATION		
			Dx at staff physician's office (2 if urologist not
8		1	on staff)
9	DATE 1st Contact	08/24/2007	Date RT started per RT summary
10	DATE Initial Dx	03/09/2007	Date Bx
11	Primary Site	C619	Prostate
12	Laterality	0	Not paired organ site
13	Histology	8140	Adenocarcinoma
14	Behavior	3	Malignant, primary site
15	Grade	2	Gleasons score 6
16	Diagnostic Confirmation	1	Path report per Progress Note
17	Ambiguous Terminology Dx	0	Definitive statement malignancy (path report)
18	Date of Conclusive Dx	88/88/8888	Dx made with definitive statement
19	Date of Multiple Tumors	00/00/0000	Single tumor
20		00	Single tumor
21	Multiplicity Counter	01	1 tumor only
STAGE (OF DISEASE AT DIAGNOSIS		
22	DATE Surg Dx/Stage Procedure	03/09/2007	Bx in Dr's office
23	Surg Dx/Stage Procedure Code	02	Bx in Dr's office
24	Clinical T	1c	Dx per needle bx because of PSA
25	Clinical N	0	Neg PE, per Progress Note
26	Clinical M	0	Neg PE, per Progress Note
27	Clinical Stage Group	2	(T1cN0M0)
28	Clinical Stage Descriptor	0	No descriptors
29	Clinical Staged By	1	Per Progress Note
30	Pathologic T	Х	No prostatectomy
31	Pathologic N	X	No LN dissection
32		Х	No assessment
33	Pathologic Stage Group	99	(TxNxMx)
34	Pathologic Stage Descriptor	0	No descriptors
35	Pathologic Staged By	5	Registrar
36	SEER Summary Stage 2000	1	Localized
	ORATIVE STAGING	ı	
37	CS Tumor Size	999	No size documented
38	CS Extension	15	Dx per needle bx because of PSA, Dr stage
39	CS Tumor Size/Ext Eval	0	Clinical info (PE)
40	CS Lymph Nodes	00	Inaccessible site
41	CS Reg Nodes Eval	0	Clinical assessment of inaccessible site
42	Regional Nodes Positive	98	No LNs examined
43	Regional Nodes Examined	00	No LNs examined
44	CS Mets at Dx	00	Inaccessible site
45	CS Mets Eval	0	Clinical assessment of inaccessible site
46	CS Site-Specific Factor 1	182	PSA 18.2 per Progress Note

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CS Site-Specific Factor 2 CS Site-Specific Factor 3	010	Elevated per Progress Note
. CO OUC-OUCUILL FACIULO	097	No prostatectomy
•	+	Apex not noted on path or PE
		Gleason pattern noted on progress note
		Gleason score noted on progress note
	1 000	Cloudell doord floted on progress flote
	07/99/2007	Hormone start date
		Not done
		Not done
		Not done
		No surgery
	+	No LNs removed
	+	No other surgery
	<u> </u>	No surgery
		No surgery
•	+	Not part of FCOT
	+	Date brachytherapy began
		Date brachytherapy done (last RT)
		No other facility documented
		Prostate and pelvis
		3-D documented in RT note
-		50.4 Gy documented in RT summary
	+	Brachytherapy, Low dose
Boost Treatment wodality	55	Not applicable, brachy done (most of us
Boost Dose: cGv	88888	document # seeds in text)
	+	25 Fx + 3 Fx beam + 1 brachy fx
-		Only radiation done
	+	Radiation done
		LHRH started in July per RT progress note
	+	Not done
		LH/RH agonist per progress note
	+	Not done
		Not done
	0	No surgery
DATE Other Treatment Started	00/00/0000	No other treatment
Other Treatment Code	0	Not done
	0	Not done
	'	
DATE 1st Recurrence	00/00/0000	No recurrence documented
	00	No recurrence documented
	12/14/2007	Op note for brachy last document in chart
	1	Pt alive
	1	No evidence disease, curative tx given
OMINISTRATION		
		Should call for specific hormone type and date
	Other Treatment Code Palliative Treatment Code ENCE DATE 1st Recurrence Type 1st Recurrence DATE Last Contact/Death Vital Status Cancer Status	CS Site-Specific Factor 5 CS Site-Specific Factor 6 CURSE OF TREATMENT (FCOT) DATE of FCOT DATE 1st Surgical Procedure DATE Most Definitive Surg Primary Surg Procedure Primary Site Scope Regional LN Surgery Surg Procedure Other Site DATE Surg Discharge Readmit Same Hosp w/in 30 Days Reason NO Surg Primary Site DATE Radiation Started Location of Radiation Treatment Regional Treatment Wodality Regional Dose: cGy Boost Treatment Modality Boost Dose: cGy Reason NO Radiation DATE Systemic Therapy Started ONDATE Systemic Treatment Chemotherapy Code Hormone Code Homunotherapy Code Palliative Treatment Code Palliative Treatment Code DATE Last Contact/Death Vital Status Cancer Status ON/09/0000 ON/